

Albany Stratton VA Medical Center



**113 Holland Avenue
Albany NY, 12208**

About the Albany Stratton VAMC

The Samuel S. Stratton VAMC is a 150 bed tertiary care facility located in the heart of New York's capitol. Along with 11 community based outpatient clinics, this institution works to provide comprehensive healthcare to more than 25,000 Veterans each year. The VA medical center provides a full range of outpatient and inpatient services, including services for those residing in our community living center (CLC). The Stratton VAMC is dedicated to teaching and educating future healthcare professionals, and maintains affiliations with Albany College of Pharmacy and Health Sciences (ACPHS) and Albany Medical College. This allows for a variety of didactic teaching and precepting opportunities that can be tailored to the resident's clinical interests.

Residency Goal

The goal of the PGY-1 pharmacy residency at the Stratton VAMC is to develop the knowledge and skills necessary to pursue rational drug therapy and provide pharmaceutical care in a multi-disciplinary healthcare setting. The residency program offers resident exposure into multiple settings, but largely focuses on providing ambulatory care services.

Overview

- Duration: 12 months
- Starting Date: Mid to Late June
- Number of Positions: 3
- Interview Required: Yes
- Type of Institution: VA Medical Center (inpatient and outpatient hospital)
- Site type: Teaching
- Patients Enrolled: 25,000
- Total Beds: 150

Benefits

Stipend:

Estimated \$41,500

Leave:

- 13 days of paid accrued annual leave per year at a rate of 4 hours per pay period
- 13 days of paid accrued sick leave per year at a rate of 4 hours per pay period
- 10 paid holidays

Other Benefits:

- Enrollment in government health insurance plan

- Enrollment in life insurance plan
- Free parking
- Lab coats and scrubs
- Appointment to intermittent pharmacist position
- Employee Assistance Program
- Federal discounts at many businesses

Licensure

1. The resident is expected to take pharmacist licensure exams as soon as possible after graduation and as early in May/June as available. Licensure prior to the beginning of the residency program will greatly enhance the resident's learning experiences, particularly during the first weeks. Per ASHP accreditation standards, licensure must be obtained either prior to beginning the residency program or very soon afterwards.
2. The resident may become licensed in any state of the US.
3. In the event of unforeseen circumstances delaying licensure, a resident will be given until September 1st to become licensed. A resident not licensed by September 1st will be evaluated on an individual case basis and actions may include dismissal from the residency program.

Residency Structure

Required rotations include inpatient, outpatient and two primary care rotations. The resident will spend 6 weeks in inpatient pharmacy, 4 weeks in outpatient pharmacy, and a total of 12 weeks in primary care settings (6 weeks/rotation). After the outpatient rotations are completed for all 3 residents, the residents will staff every 3rd weekend (on either Saturday or Sunday).

Each resident also has several months of elective rotations. Each elective rotation is a 4 week block. Electives include: pain management, anticoagulation (\pm heart failure focus), nephrology/ dialysis, pharmacy administration, hepatology and inpatient 2. Residents may also select an additional primary care rotation if desired. Residents will complete 5 elective rotations throughout the year.

Each resident will select a core track rotation. Core track rotations can be selected from any of the available rotations. The resident will spend 4 weeks in this rotation, and will then spend a full day every 6th week for the remainder of the year to complete this longitudinal requirement.

Residents complete a longitudinal pharmacoeconomics rotation. The resident will spend 4 weeks (divided into 4-1 week modules during the course of the year) strictly working on various pharmacoeconomics projects.

Experiences may be modified based upon prior experience and individual resident interest and needs.

Rotation Descriptions

Primary Care: Red Team, Blue Team, Rural Health, Silver Team

These rotations allow the resident to gain experience as a member of a multi-disciplinary outpatient clinic team. The resident will take part in disease state management of, but not limited to, diabetes, HTN, asthma/COPD, tobacco use disorder, and hyperlipidemia as they relate to the ambulatory care setting. The resident will have opportunities to participate as an interdisciplinary team member of the Hepatology Clinic. The resident will interact with providers to resolve drug-related problems, provide drug information, recommend formulary alternatives and communicate pharmacoeconomic initiatives.

Inpatient & Outpatient Pharmacy

These rotations provide the resident opportunities to become familiar with analyzing and processing electronic prescription orders utilizing computerized patient records including progress notes and labs. The resident will communicate with prescriber's to rectify drug-related problems. The special handling techniques associated with drugs requiring adherence to specific policies and procedures will be addressed, particularly intravenous medications and parenteral nutrition. The inpatient pharmacy rotation will also provide experience in antibiotic monitoring, medication reconciliation services, discharge counseling and working with multidisciplinary care teams. Additionally, the resident will gain experience in outpatient dispensing, checking prescriptions, and counseling patients in the outpatient pharmacy. Rotation Status: Required; Length: Outpatient 4 weeks; IP 5 weeks

Pain Management

This rotation is focused on chronic non-cancer pain management with some opportunity for acute pain intervention. Conditions such as anxiety disorder, PTSD and depression offer daily occasions to spotlight drug-drug interactions and psychopharmacology. Serum monitoring and urine drug screen interpretation are important pharmacokinetic parameters requiring daily input. The resident will be part of a multidisciplinary team that includes specialty providers and will also serve as a mentor for P4 pharmacy students.

Anticoagulation/CHF

This rotation allows residents to develop skills as independent practitioners in a pharmacist- run outpatient Anticoagulation Clinic. Residents will actively participate in various aspects of anticoagulation management, including but not limited to: therapeutic drug monitoring of warfarin; target specific oral anticoagulants; and periprocedural anticoagulation management. This rotation also includes time in the outpatient CHF Clinic where the resident will focus on medication management with an interdisciplinary approach.

Geriatrics/Home Based Primary Care

This rotation is designed to provide the resident with knowledge of acute and chronic disease states in the homebound patient population. A focus on altered physiology in the elderly is used to address selection, utilization and response to pharmaceuticals in this patient population. The resident will be an integral part of the interdisciplinary Home Based Primary Care team. The resident will take part in disease state management and take part in visits to home bound Veterans.

Pharmacoeconomics/Practice Management/Adverse Drug Reaction Monitoring

This longitudinal rotation is designed to provide the resident with an awareness of the basic principles of pharmacoeconomics, formulary management and practice management. The resident will have local and regional exposure to activities related to pharmacy benefits management. The resident will also gain experience in the evaluation of reported adverse drug reactions. The verification of observed side effects, allergies, and other adverse reactions to medications is an important part of the quality improvement of patient outcomes. Data collected from these events is utilized to identify systems errors and improve prescribing patterns in our Veteran population. Reports that have been entered and verified by a clinical pharmacist are then analyzed for trends and shared with the Medication Use Committee.

Nephrology & Dialysis

The pharmacy resident will participate in identifying and resolving medication therapy issues for the nephrology/ dialysis population. The pharmacy resident will also participate in reviews of patient profiles for appropriateness of drug dosing and will gain confidence in adjusting medication regimens in the renal population specifically in anemia management.

Pharmacy Administration

The resident will experience administrative aspects of the Pharmacy Service. Residents will participate in management level meetings such as: Clinical Pharmacy Practice Subcommittee Council (CPPsC), Pharmacoeconomic Committee (PEC), Pharmacy and Therapeutics Committee, Pharmacy Quality Assurance Management Meetings, Pharmacy and Therapeutics committee. The resident will also participate in a Med Aggregate RCA. The resident will participate in Joint Commission and other accreditation readiness activities and assist as needed with preparing the hospital to meet the intent of the standards. They will also become familiar with the Performance Measures for the hospital and the role in which pharmacy is involved. Residents will listen to National, VISN, and local conference calls regarding various management issues when available. Residents will be assigned activities that assist with managing Pharmacy Service, such as policy and procedure development, staff development, service development, facilities management, medication use evaluations, and assessment of ADR's. The resident will be provided opportunities to reflect on what it means to be a leader in pharmacy practice.

Hepatology

This rotation is intended to allow the pharmacy resident to assume a responsible decision-making role as the pharmaceutical care provider in a multidisciplinary Hepatology Clinic. Patients will be referred to Hepatology provider and pharmacist for review of medical history, assessment of liver disease, and consideration of therapy for hepatitis A,B, and/or C. Once a decision is made by Hepatology providers, patient will be managed primarily by Hepatology Pharmacist and pharmacy resident until therapy is completed and/or virologic response is achieved. The resident will be involved in every aspect of care. The resident will interact with clinic team members to identify and resolve drug-related problems, provide drug information, recommend therapy options, and educate patients and providers.

Community Living Center –The Stratton VA Community Living Center (CLC) provides long-term skilled nursing care, as well as short-term restorative and rehabilitative care and Hospice care to the veteran population. This rotation is designed to provide the resident with knowledge of chronic disease states in the geriatric patient. The resident will be responsible for conducting comprehensive medication reviews for CLC patients and communicating any patient care needs to a multi-disciplinary team. The resident will interact with attending physicians and nurses to identify and resolve drug-related problems, provide drug information, recommend formulary alternatives, and communicate pharmacoeconomic initiatives.

Preceptor Biosketches

Jean Cottrell, PharmD, CGP

Dr. Cottrell obtained her pharmacy degree from the University of Kentucky in 2001 and completed a community practice residency in 2002 at the Albany College of Pharmacy and Health Sciences (ACPHS). She then began her pharmacy career as an Assistant Professor of Pharmacy Practice at ACPHS in Community Practice. In 2004, she transitioned to the Brooks Eckerd Corporation as the New York/ New Jersey Clinical Team Leader, where she assisted in the creation and management of one of the first Medicare MTM Programs in the Northeast. She joined the Stratton VA Medical Center's clinical pharmacy staff in 2007 as a clinical pharmacist in the anticoagulation clinic prior to attaining her current position. She continues to precept student pharmacists and residents at Stratton VA Medical Center.

Dr. Cottrell enjoys being active in professional pharmacy organizations and is currently a member of American Pharmacist's Association, American Society of Consultant Pharmacists and the NY Chapter of Health-System Pharmacists. She is a former APhA-ASP National President and Member of the APhA-ASHP Community Residency Advisory Panel. She held leadership positions on the boards of local, state and national pharmacy organizations and was granted the Distinguished Young Pharmacist Award from PSSNY in 2005. She served on the Board of the local American Diabetes Association. Currently, she continues to be involved with the APhA Foundation via the selection of the George Archambault Scholarship, as well as the APhA-APPM Awards Committee and serves as a reviewer for two pharmacy journals. When she is not thinking about pharmacy related organizations, Dr. Cottrell serves as her daughter's soccer coach and Girl scout troop's Cookie Mom and likes to volunteer at her church.

Sandra Forfa, Pharm.D., BCGP

Sandra received her Pharm.D. from Albany College of Pharmacy in 2006. She earned her certification in geriatric pharmacy (CGP) in 2012 and is an active member of the American Society of Consultant Pharmacists (ASCP). She is currently a Clinical Pharmacy Specialist in Geriatrics at the Stratton VA Medical Center and maintains a clinical practice in the facility's geriatric primary care clinic. She also holds a scope of practice for the management of anemia and mineral bone disease in dialysis.

Keith Freeman, Pharm.D., BCPS

Keith is a graduate of Albany College of Pharmacy. He completed his PGY-1 pharmacy practice residency at the Stratton VA Medical Center, and is employed there as an outpatient pharmacist. He is Board Certified in Pharmacotherapy.

Jeff Fudin, Pharm.D., DAAPM, FCCP

Dr. Fudin graduated from Albany College of Pharmacy & Health Sciences (ACPHS) with his Bachelors Degree and his Pharm.D. He is a Diplomate to the American Academy of Pain Management, a Fellow of the American College of Clinical Pharmacy and the American Society of Health-system Pharmacists, and a member of several other professional organizations. Dr. Fudin has editorial positions with Pain Medicine, Practical Pain Management, Pharmacy Times, and Journal of Pharmacy Practice. He is a peer reviewer for several peer reviewed journals and also maintains a prolific blog site at [paindr.com](http://www.paindr.com). He has been a participant in guideline development for several pain types with multidisciplinary groups nationally and internationally. Recently, he participated in development of draft guidelines for the proper use of urine testing in addiction medicine, a collaborative project by the National Association of Addiction Treatment Providers (NAATP) with support from the Center for Lawful Access and Abuse Deterrence (CLAAD) and the American Society of Addiction Medicine (ASAM). He holds adjunct faculty positions at three colleges of pharmacy. Dr. Fudin developed an PC/Mac/Smartphone accessible software tool known as Urintel, to help pharmacists and other clinicians accurately assess urine drug screen results and is working on a similar software platform for pharmacogenetics. For more information, see <http://www.paindr.com>.

Evan N. Kujawski, Pharm.D., BCPS, BCGP

Evan graduated with a BA in Psychology and a BFA from Cornell University and went on to complete the Accelerated Pharm.D. Program at Albany College of Pharmacy and Health Sciences in 2009. After graduating with her Pharm.D., Evan completed PGY-1 Pharmacy Residency at the Stratton VA Medical Center in 2010. She worked as an Inpatient Clinical Pharmacist at St. Mary's Hospital – a member of St. Peter's Health Partners - until 2011 when she returned to the Stratton VA Medical Center. Currently, Evan is a Clinical Pharmacy Specialist who practices in Primary Care, Nephrology (including anemia and mineral bone disease management), and Anticoagulation. She is a PGY-1 Residency preceptor and VALOR intern preceptor.

Colleen M. Lowry, PharmD, BCPS

Colleen received her Pharm.D. from the Massachusetts College of Pharmacy and Allied Health Sciences in 2003. She subsequently completed a PGY-1 pharmacy practice residency at Brigham and Women's

Amy T. Murdico, Pharm.D., BCPS

Amy received her Pharm.D. from the Albany College of Pharmacy and Health Sciences (ACPHS) in 2006. She went on to complete an ASHP accredited PGY-1 pharmacy residency at the Stratton VA Medical Center in 2007. Since the completion of her residency, Amy has continued to work at Stratton VA in various clinical and administrative roles. Currently, Amy serves as the associate chief of pharmacy services and the residency director for the PGY-1 pharmacy residency program. Her interests include nephrology where she is currently holds of scope of practice for anemia and mineral bone disease management as well in the area of anticoagulation management of all patient populations. In her spare time, Amy enjoys cooking and spending time with friends and family. Amy has 3 children, all of which play hockey, where she spends a lot of time at the rink.

Saleem Naina, Pharm.D., BCPS, BCGP

Dr. Saleem Naina is a Board Certified Pharmacotherapy Specialist, as well as a Certified Geriatric Practitioner. He received his Doctorate of Pharmacy from the Albany College of Pharmacy and completed a Pharmacy Practice Residency at the Stratton VA Medical Center. He takes pride helping our veterans in his Primary Care practice and Hepatology Clinic. His duties include management of patients with diabetes, hyperlipidemia, hypertension, hepatitis C, as well as other disease states. He is also adjunct faculty at ACP and Western New England College of Pharmacy.

Lynn M. Rogers Pharm.D.

Lynn received her Pharm.D. from the University of Arizona, College of Pharmacy in 1997. She worked for Fry's Food and Drug in Scottsdale, AZ for six years as the pharmacist in charge. After returning home to the Albany area, she worked at Eckerd pharmacy for an additional two years. Lynn has been working as a clinical pharmacist at the Albany Stratton VA Medical Center since 2006, first in Transitional Care (Med Rec) pharmacy, then in the Anticoagulation Clinic since 2008. She obtained her Certified Geriatric Pharmacist certification in 2012. Lynn is one of the preceptors for the Anticoagulation Clinic for PGY-1 pharmacy residents and has been a preceptor for several colleges of pharmacy since 1998. She has served as the pharmacist representative on the Veterans Health Education Committee for several years now. During her time away from work Lynn enjoys gardening, cooking and taking her 2 children to sporting events.

Mahnaz Sarafi-Walton, Pharm.D., BCGP

Mahnaz received her Pharm.D. degree from the Albany College of Pharmacy and Health Sciences (ACPHS) in 2001. She completed an Ambulatory Care and Adult Teaching and Learning residency at ACPHS in conjunction with Altamont Internal Medicine and Pediatrics (AIMP) in 2002. Mahnaz has worked in various practice settings including clinical/research at ACPHS and AIMP, supervising pharmacist at CVS, and since 2006 has been employed at the Stratton VA in the area of transitional care/medication reconciliation. Her additional interests include Women's Health and she has worked as a WH liaison for pharmacy since 2012. Mahnaz enjoys drawing, painting, and spending time with her family and friends in her spare time.

Angela Shenfield, Pharm.D.

Angela received her Pharm.D. from the Albany College of Pharmacy and Health Sciences (ACPHS) in 2004. She went on to complete an ASHP accredited pharmacy residency at the Baltimore VA Maryland Healthcare Center that was focused in primary care. Following completion of her residency she worked as a primary care clinical pharmacist for the Department of Defense (DoD) in Maryland working with active duty soldiers and their families. During her time with the DoD she was an active member in local and regional Drug Utilization Evaluation (DUE) and Pharmacy and Therapeutic (P&T) committees. After 6 years with the DoD Angela and her family relocated back to the Albany area. Angela worked in retail pharmacy for approximately 2 years as the pharmacist in charge with Rite Aid. In the fall of 2012 Angela began working with the Stratton VA Medical Center primarily as the pharmacoeconomic pharmacist where she spearheaded pharmacy cost saving initiatives as a member of regional pharmacy committees, as well as practice in Anticoagulation Clinic and performed provider academic detailing. In June 2018 Angela became the Clinical Pharmacy Supervisor overseeing all of the clinical pharmacy specialists at the Stratton VA. She continues to work on pharmacoeconomic initiatives and is a preceptor to both PGY 1 residents for the longitudinal pharmacoeconomic/pharmacy practice management rotation and also works closely with the VALOR students. In her spare time, Angela enjoys reading and spending time with her family by going on road trips to big cities, the beach and doing outdoor activities such as walking and biking.

Mandy Torres, Pharm.D. BCPS, FASCP, CGP

Dr. Mandy Torres is a graduate of the Pharm.D. program at Massachusetts College of Pharmacy. She went on to complete a specialty residency in geriatrics at the North Florida/South Georgia VA Medical Center. She has been at the Albany VAMC for the past 15 years as a clinical pharmacy specialist for the Home Based Primary Care Program and community living center (CLC). Mandy is currently a Board Certified Geriatric Pharmacist, a Fellow of the American Society of Consultant Pharmacists, and Board Certified in Pharmacotherapy.

Albany, New York

New York's Capital Region has enticed visitors for over 400 years with historic sites, fabulous attractions, family-friendly amenities, and entertaining events. The historic Capital City sits on the banks of the mighty Hudson River, a waterway deeply embedded in our nation's history for its years of military, strategic, and economic importance.

Begin your journey to Albany at the Albany Heritage Area Visitors Center at historic Quackenbush Square. Take in Albany's unique skyline where century-old architecture lies against contemporary

marvels. Continue your journey back in time on board the USS Slater, a WWII US Naval Destroyer Escort, or by touring the State Capitol, and one of Albany's historic homes and churches. Albany's annual festivals and special events continue the theme of past and present as we celebrate our Dutch heritage at the annual Tulip Festival.

Let Albany entertain you with its abundance of professional theatre, music, dance, sports, and a backyard full of recreational splendors. Enjoy everything from boating to skiing, and biking to snowshoeing. Albany lies at the foot of the Adirondacks and Catskill Mountains and is at the tip of the Hudson Valley Region. As the crossroads of the northeast, Albany is easily accessible by car, train, and plane and is located less than three hours from NYC, Boston, and Montreal, and is just a short drive away from Cooperstown or Saratoga Springs.

There is a vibrancy in Albany that reflects both its link to history and its promising future. We invite you to Albany, *An Amazing Discovery!*

For more information visit: <http://www.albany.org/things-to-do/>